

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936758

FILING DATE

APPLICANT(S)

BEST AVAILABLE CO.

1/6/03 5/27/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		2		2	
10	2		1		1	
11	2		1		1	
12	2		1		1	
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	13	↔	9	↔	12	↔
TOTAL CLAIMS	15		11		14	

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TOTAL IND.		↓		
TOTAL DEP.		↔		↔
TOTAL CLAIMS		↔		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS